					Application or Docket Number								
	PATENT A			-	101								
Effective December 29, 1999										19154	74°	5/2	
CLAIMS AS FILED - PART I									SMALL	NTITY		OTHER	TMAN
(Column 1) (Column 2)									TYPE		OR	SMALL	
F	FOR NUMBER FILED NUMBER EXTRA								RATE	FEE		RATE	FEE
BASIC FEE .							Î		345.00	OR		690.00	
T	TOTAL CLAIMS & minus 20= -												
}			10						X\$ 9=		OR	X\$18≃	
INDEPENDENT CLAIMS 7 minus 3 = 1						<u> </u>		X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT									+130=			+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2										ļ	OR		1: 161
			TOTAL	<u> </u>	OR	TOTAL	698						
		CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL I	VTITIG	OB	OTHER SMALL	
1	1 /	T C	LAIMS		HI	HIGHEST	(Column 3)	[JIMEL	ADDI-	OR]	OINALL I	ADDI-
Z			MAINING FTER			JMBER VIOUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
		AME	NOMENT		PA	ID FOR				FEE			FEE
Q	Total	<u> </u>	18	Minus	1.7	10-	#		_X\$ 9≖_		OR	X\$18=	
AMENDMENTA	Independent	·	3	Minus	***	3_	=		X39=			X78=	
18	FIRST PRES	ENTAT	ON OF MI	JLTIPLE DEI	PENDE	NT CLAIM				1 1 100 100 100 100 100 100 100 100 100	OR		
							- Ligari		+130==		ΘR	_+260=	
									TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
L	(Column 1) (Column 2) (Column 3)										2	, DDII. 1 LL	
ď			LAIMS MAINING			GHEST UMBER	PRESENT) [ADDI-			ADDI-
		1 1	AFTER NDMENT	ĺ	PRE	VIOUSLY ND FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL
AMENDAMENT	Total	1.	15	Minus		2/)	=		. VD 0	FCC			FEE
N N	Independent	1.	'	Minus		7)0	=		X\$ 9=		OR	X\$18=	
A RV	FIRST PRES	ST PRESENTATION OF MULTIPLE DEP				NT CLAIM		\longrightarrow	X39≈		OR	X78=	
-	The state of the s								+130=		OR	+260=	
								Į	TOTAL	ļ	{	TOTAL	<u></u>
									ADDIT, FEE	L	OR	ADDIT. FEE	L
-		(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST											
C		RE	MAINING		N	JMBER	PRESENT			ADDI-			ADDI-
Z.			AFTER NDMENT		1	VIOUSLY LID FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMEMDMENT	Total	•		Minus	••		=		X\$ 9=			X\$18=	
MER	Independent	1.		Minus	•••		=				OR		
٩	FIRST PRES	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X39=		OR	X78≃	
r								,	+130=		OR	+260=	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 									TOTAL		OR	TOTAL	<u> </u>
	""If the "Highest N	Number F	Previously Pa	ADDIT. FEE		9 .	ADDIT. FEE						
1	The "Highest No	mher Pr	avirush Pai	d For (Total o	rindone	andanti in the	hinhant numbe	e fai	and in the an	ato bo			